City of Covington

VACANT PROPERTY PERMIT

Date Received: _____

Received By: _____

Permit #.: _____

Invoice #: _____

Parcel #: _____

PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED. ALL STATE LICENSED SUBCONTRACTORS MUST SUBMIT THIS AFFIDAVIT.

VACANT PROPERTY PERMITS ARE REQUIRED AFTER A PROPERTY HAS BEEN WITHOUT SERVICES FOR MORE THAN 6 MONTHS.

I. REQUIREMENTS:

☐ **Copy of state license** ☐ **Copy of driver's license** ☐ **Copy of business license**

☐ **Letter of Approval from Contractor** ☐ **$25 Permit Fee**

II. PROJECT INFORMATION:

Address: _____

What services are being restored? ☐ **Electrical** ☐ **Gas**

III. PROPERTY TYPE:

☐ **COMMERICAL/INDUSTRIAL** ☐ **RESIDENTAL**

V. PROPERTY OWNER:

Name: _____

Address: _____

Phone: _____ Email Address: _____

VI. CONTRACTOR INFORMATION:

Business Name: _____ Phone: _____

Business Address: _____ City: _____ State: ____ Zip: _____

License Holder: _____ Email: _____

State License Number: _____ Expiration Date: _____

☐ **ELECTRICAL** ☐ **HVAC** ☐ **PLUMBING**

VII. SIGNATURE:

By signing below, I agree that I am the licensed contractor listed on this affidavit and responsible for my trade at this project location.

Signature: _____ Date: _____

Print: _____